

### **QUARTERLY STATEMENT**

### **AS OF JUNE 30, 2014**

OF THE CONDITION AND AFFAIRS OF THE

Meridian Health Plan of Michigan, Inc.

NAIC Group Code	4640	, 4640		Company Code _	52563	Employer's ID Number	38-3253977		
	(Current Period)	(Prior Period	d)						
Organized under the Laws o	f	Michigan	,	State of Dom	icile or Port of Entry	Mi	chigan		
Country of Domicile		United States of Americ	ca						
Licensed as business type:	Life, Accident & F Dental Service Co Other[ ]		Property/Casualty Vision Service Con Is HMO Federally		Health I	oital, Medical & Dental Service or Indemnity[ ] th Maintenance Organization[X]			
Incorporated/Organized		12/31/1995		Comm	enced Business	12/31/199	)5		
Statutory Home Office		777 Woodward Ave		,		Detroit, MI, US 48226			
Main Administrative Office		(Street and Nur	nber)	777 Woodward	d Ave. Suite 600	(City or Town, State, Country and Zip	Code)		
		otroit MLUC 49226		(Street a	nd Number)	(212)224 2700			
		etroit, MI, US 48226 State, Country and Zip Coo	lo)			(313)324-3700 (Area Code) (Telephone Nun	mhor)		
Mail Address	(City of Town,	777 Woodward Ave.	•			Detroit, MI, US 48226	.ibei)		
Ividii Addi C33	-	(Street and Number o				(City or Town, State, Country and Zip	Code)		
Primary Location of Books ar	nd Records	(			Same	(,,,,	,		
, , , , , , , , , , , , , , , , , , , ,				(8	Street and Number)				
		Same, ,				(313)324-3700			
	(City or Town,	State, Country and Zip Coo	le)			(Area Code) (Telephone Nun	nber)		
Internet Web Site Address		www.mhpl	an.com						
0						(0.4.0),00.4,07.00			
Statutory Statement Contact		Matthew A	•			(313)324-3700 (Area Code)(Telephone Number)(I	Futoncion\		
	matthew	(Nam agnone@mhplan.com	e)			(313)324-1822	=xterision)		
		E-Mail Address)				(Fax Number)			
		George Ellis Thomas Lauzon	Jon B. Cotton Sean P. Cotton Janice Torosian OT DIRECTORS	President Secretary Treasurer HERS OR TRUST	<b>EES</b> Karie Past	ternak			
County of Wa  The officers of this reporting e the herein described assets w with related exhibits, schedule said reporting entity as of the Statement Instructions and A reporting not related to accou	vere the absolute pro- es and explanations reporting period state ecounting Practices nting practices and es the related corres	operty of the said report therein contained, annoted above, and of its in- and Procedures manual procedures, according sponding electronic filing	ting entity, free and c exed or referred to, is come and deductions al except to the exten to the best of their inf g with the NAIC, whe	lear from any liens of a full and true state is therefrom for the p t that: (1) state law romation, knowledg n required, that is an	or claims thereon, e ement of all the ass eriod ended, and h may differ; or, (2) th e and belief, respect n exact copy (excep	entity, and that on the reporting pacept as herein stated, and that ets and liabilities and of the condave been completed in accordant state rules or regulations requotively. Furthermore, the scope of the formatting differences due to	this statement, together dition and affairs of the nee with the NAIC Annuatire differences in of this attestation by the		
Joi	(Signature) n B. Cotton rinted Name)		Sean	gnature) P. Cotton ted Name)		(Signature) Janice Torosia (Printed Name)	n		
	1.		-	2.		3.			
	President			ecretary		Treasurer			
	(Title)			(Title)		(Title)			
Subscribed and sworn day of		, 2014	2. Da	al filing?  ate the amendment  te filed  mher of pages attac		Yes[X] No[ ]			

(Notary Public Signature)

### **ASSETS**

	AUU		urrent Statement Da	<u> </u>	4
ĺ		1	2	3	<del>'</del>
		1	Nonadmitted	Net Admitted Assets	December 31 Prior Year Net
		Assets	Assets	(Cols. 1 - 2)	Admitted Assets
1.	Bonds	49,446,489		49,446,489	51,733,890
2.	Stocks:				
	2.1 Preferred stocks				
	2.2 Common stocks	11,537,381		11,537,381	11,589,032
3.	Mortgage loans on real estate:				
	3.1 First liens				
	3.2 Other than first liens				
4.	Real estate:				
	4.1 Properties occupied by the company (less \$0 encumbrances)				
	4.2 Properties held for the production of income (less \$0 encumbrances)				
	4.3 Properties held for sale (less \$0 encumbrances)	I I			
5.	Cash (\$134,382,520), cash equivalents (\$0) and short-term investments (\$28,281,540)				
6.	Contract loans (including \$0 premium notes)				
7.	Derivatives				
8.	Other invested assets	1			
o. 9.	Receivables for securities				
10.	Securities lending reinvested collateral assets				
11.	-				
12.	Aggregate write-ins for invested assets  Subtotals, cash and invested assets (Lines 1 to 11)				
13.	· · · · · ·				
14.	Title plants less \$0 charged off (for Title insurers only)	I I			
15.	Premiums and considerations:				
15.	15.1 Uncollected premiums and agents' balances in the course of				
	collection				
	15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$0 earned but				
	unbilled premiums)				
	15.3 Accrued retrospective premiums				
16.	Reinsurance:				
	16.1 Amounts recoverable from reinsurers	473,324		473,324	394,738
	16.2 Funds held by or deposited with reinsured companies				
	16.3 Other amounts receivable under reinsurance contracts				
17.	Amounts receivable relating to uninsured plans				
18.1	Current federal and foreign income tax recoverable and interest thereon				
18.2	Net deferred tax asset	191,407		191,407	191,407
19.	Guaranty funds receivable or on deposit				
20.	Electronic data processing equipment and software				
21.	Furniture and equipment, including health care delivery assets (\$0)				
22.	Net adjustments in assets and liabilities due to foreign exchange rates				
23.	Receivables from parent, subsidiaries and affiliates				
24.	Health care (\$12,796,602) and other amounts receivable				
25.	Aggregate write-ins for other than invested assets				
26.	TOTAL assets excluding Separate Accounts, Segregated Accounts and	.,.	-,	-,	-,
	Protected Cell Accounts (Lines 12 to 25)	264,421,158	1,356,209	263,064,949	210,488,595
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28.	TOTAL (Lines 26 and 27)			263.064.949	
_	ILS OF WRITE-INS		,555,255		
		1			
	Cummany of completing write ing far Line 11 from a conflow page				
	Summary of remaining write-ins for Line 11 from overflow page				
2501	Deposits	3.027		3.027	3.027
	Acquired Memberships				
2503.	Prepaid Expenses				
	Summary of remaining write-ins for Line 25 from overflow page				
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	29,927	26,900	3,027	3,027

# STATEMENT AS OF June 30, 2014 OF THE Meridian Health Plan of Michigan, Inc. LIABILITIES, CAPITAL AND SURPLUS

	LIADILITIES, CAPITAL AND	JOIN L	Current Period		Prior Year
		1	2	3	4
		Covered	Uncovered	Total	Total
1.	Claims unpaid (less \$0 reinsurance ceded)	135,540,461		135,540,461	112,177,383
2.	Accrued medical incentive pool and bonus amounts	2,305,108		2,305,108	2,507,605
3.	Unpaid claims adjustment expenses	744,502		744,502	506,000
4.	Aggregate health policy reserves, including the liability of \$0 for medical loss ratio				
	rebate per the Public Health Service Act	997,000		997,000	997,000
5.	Aggregate life policy reserves				
6.	Property/casualty unearned premium reserve				
7.	Aggregate health claim reserves				
8.	Premiums received in advance	12,370		12,370	6,453
9.	General expenses due or accrued	18,110,630		18,110,630	1,846,519
10.1	Current federal and foreign income tax payable and interest thereon (including \$0				
	on realized gains (losses))	11,440,671		11,440,671	1,607,973
10.2	Net deferred tax liability				
11.	Ceded reinsurance premiums payable				
12.	Amounts withheld or retained for the account of others				
13.	Remittances and items not allocated				
14.	Borrowed money (including \$0 current) and interest thereon \$0				
	(including \$0 current)				
15.	Amounts due to parent, subsidiaries and affiliates	2,435,337		2,435,337	2,216,162
16.	Derivatives				
17.	Payable for securities				
18.	Payable for securities lending				
19.	Funds held under reinsurance treaties with (\$0 authorized reinsurers, \$0				
	unauthorized reinsurers and \$0 certified reinsurers)				
20.	Reinsurance in unauthorized and certified (\$0) companies				
21.	Net adjustments in assets and liabilities due to foreign exchange rates				
22.	Liability for amounts held under uninsured plans				
23.	Aggregate write-ins for other liabilities (including \$0 current)				
24.	Total liabilities (Lines 1 to 23)	171,586,079		171,586,079	121,865,095
25.	Aggregate write-ins for special surplus funds	X X X	X X X	7,666,454	
26.	Common capital stock	X X X	X X X	44,700	44,700
27.	Preferred capital stock	X X X	X X X		
28.	Gross paid in and contributed surplus	X X X	X X X	251,363	251,363
29.	Surplus notes	X X X	X X X		
30.	Aggregate write-ins for other than special surplus funds	X X X	X X X		
31.	Unassigned funds (surplus)	X X X	X X X	83,516,353	88,327,437
32.	Less treasury stock, at cost:				
	32.10 shares common (value included in Line 26 \$0)	X X X	X X X		
	32.20 shares preferred (value included in Line 27 \$	X X X	X X X		
33.	Total capital and surplus (Lines 25 to 31 minus Line 32)	X X X	X X X	91,478,870	88,623,500
34.	Total Liabilities, capital and surplus (Lines 24 and 33)	X X X	X X X	263,064,949	210,488,595
	LS OF WRITE-INS				
2301. 2302.					
2303.					
	Summary of remaining write-ins for Line 23 from overflow page				
2399.	TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)				
2501. 2502.	Estimate of 2014 ACA Health Insurer Fee Surplus			7,666,454	
2502.			X X X		
2598.	Summary of remaining write-ins for Line 25 from overflow page	X X X	X X X		
	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)			7,666,454	
3001. 3002.					
3002.					
3098.	Summary of remaining write-ins for Line 30 from overflow page	X X X			
	TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above)				

# STATEMENT AS OF June 30, 2014 OF THE Meridian Health Plan of Michigan, Inc. STATEMENT OF REVENUE AND EXPENSES

		Current Ye	ear To Date	Prior Year To Date	Prior Year Ended December 31
		1 Uncovered	2 Total	3 Total	4 Total
1. N	Member Months				
	let premium income (including \$0 non-health premium income)				
	Change in unearned premium reserves and reserves for rate credits				
	ee-for-service (net of \$0 medical expenses)				
	tisk revenue				
	ggregate write-ins for other health care related revenues				
	ggregate write-ins for other non-health revenues				
	otal revenues (Lines 2 to 7)				
	and Medical:	XXX	024,000,070	000,700,024	1,000,007,120
-	lospital/medical benefits		120 173 128	361 001 855	7/18 705 228
	Other professional services				
	Outside referrals				
	mergency room and out-of-area				
	Prescription drugs				
	ggregate write-ins for other hospital and medical				
	ncentive pool, withhold adjustments and bonus amounts				
	Subtotal (Lines 9 to 15)		533,623,814	448,489,856	937,104,576
Less:					
	let reinsurance recoveries				
	otal hospital and medical (Lines 16 minus 17)				
	lon-health claims (net)				
20. C	Claims adjustment expenses, including \$0 cost containment expenses		2,032,557	1,860,815	3,782,746
21. G	Seneral administrative expenses		75,778,051	59,872,532	111,871,077
22. Ir	ncrease in reserves for life and accident and health contracts (including \$0 increase				
	reserves for life only)				
23. T	otal underwriting deductions (Lines 18 through 22)		611,355,837	510,223,203	1,052,116,905
24. N	let underwriting gain or (loss) (Lines 8 minus 23)	X X X	13,340,736	(423,879)	6,470,220
25. N	let investment income earned		512,852	509,894	1,254,401
26. N	let realized capital gains (losses) less capital gains tax of \$95,265		184,925	71,404	199,094
27. N	let investment gains or (losses) (Lines 25 plus 26)		697,777	581,298	1,453,495
28. N	let gain or (loss) from agents' or premium balances charged off [(amount recovered				
\$	0) (amount charged off \$0)]				
29. A	ggregate write-ins for other income or expenses		93,046		82,652
30. N	let income or (loss) after capital gains tax and before all other federal income taxes (Lines 24				
p	lus 27 plus 28 plus 29)	x x x	14,131,559	157,419	8,006,367
31. F	ederal and foreign income taxes incurred	XXX	11,137,434	30,105	2,311,511
32. N	let income (loss) (Lines 30 minus 31)	X X X	2,994,125	127,314	5,694,856
DETAILS 0601. A	OF WRITE-INS CA Health Insurer Fee Revenue	I	24 050 505	6	
	liscellaneous Income				
	summary of remaining write-ins for Line 6 from overflow page				
	CTALES (Ellios door allough doos plus doos) (Ellio d'abord)				
	Summary of remaining write-ins for Line 7 from overflow page				
0799. T	OTALS (Lines 0701 through 0703 plus 0798) (Line 7 above)	X X X			
	learing/Speech devices			184,889	
	summary of remaining write-ins for Line 14 from overflow page				
	OTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)  fiscellaneous revenue				
2902					
	Summary of remaining write-ins for Line 29 from overflow page				
	OTALS (Lines 2901 through 2903 plus 2998) (Line 29 above)				

## **STATEMENT OF REVENUE AND EXPENSES (Continued)**

		1	2	3 Prior Year
		Current Year To Date	Prior Year To Date	Ended December 31
	CAPITAL & SURPLUS ACCOUNT			
33.	Capital and surplus prior reporting year	88.623.500	81 980 500	81.980.500
34.	Net income or (loss) from Line 32			
35.	Change in valuation basis of aggregate policy and claim reserves			
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$0			
	Change in net unrealized capital gains (losses) less capital gains tax or \$			
37.				
38.	Change in net deferred income tax			
39.	Change in nonadmitted assets			·
40.	Change in unauthorized and certified reinsurance			
41.	Change in treasury stock			
42.	Change in surplus notes			
43.	Cumulative effect of changes in accounting principles			
44.	Capital Changes:			
	44.1 Paid in			
	44.2 Transferred from surplus (Stock Dividend)			
	44.3 Transferred to surplus			
45.	Surplus adjustments:			
	45.1 Paid in			
	45.2 Transferred to capital (Stock Dividend)			
	45.3 Transferred from capital			
46.	Dividends to stockholders			
47.	Aggregate write-ins for gains or (losses) in surplus			
48.	Net change in capital and surplus (Lines 34 to 47)	2,855,370	481,752	6,643,000
49.	Capital and surplus end of reporting period (Line 33 plus 48)	91,478,870	82,462,252	88,623,500
<b>DETAI</b> 4701.	LS OF WRITE-INS			
4702. 4703.				
4798.	Summary of remaining write-ins for Line 47 from overflow page			
4799.	TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above)			

### CASH FLOW

		1 Current Year	2 Prior	3 Prior
			I -	1
		1 001	Year	Year Ended
		To Date	To Date	December 31
	Cash from Operations			
	Premiums collected net of reinsurance			
2.	Net investment income		939,537	2,056,143
3.	Miscellaneous income		6	
4.	TOTAL (Lines 1 to 3)	596,378,611	517,020,149	1,065,674,860
5.	Benefit and loss related payments	510,463,234	440,603,145	925,542,942
3.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7.	Commissions, expenses paid and aggregate write-ins for deductions	. 61,214,949	60,035,826	116,399,519
3.	Dividends paid to policyholders			
9.	Federal and foreign income taxes paid (recovered) net of \$ 0 tax on capital gains			
	(losses)	1,304,736	1,291,997	408,867
10.	TOTAL (Lines 5 through 9)	572,982,919	501,930,968	1,042,351,328
11.	Net cash from operations (Line 4 minus Line 10)	23,395,692	15,089,181	23,323,532
	Cash from Investments			
12.	Proceeds from investments sold, matured or repaid:			
	12.1 Bonds	11,721,326	24,085,176	44,880,451
	12.2 Stocks	2,013,697		205,098
	12.3 Mortgage loans			
	12.4 Real estate			
	12.5 Other invested assets	49,962	34,150	66,360
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments			
	12.7 Miscellaneous proceeds			
	12.8 TOTAL investment proceeds (Lines 12.1 to 12.7)			
	Cost of investments acquired (long-term only):			
	13.1 Bonds	9 658 525	22 775 792	38 693 729
	13.2 Stocks			
	13.3 Mortgage loans			
	13.4 Real estate			
	13.5 Other invested assets			
	13.6 Miscellaneous applications			
	13.7 TOTAL investments acquired (Lines 13.1 to 13.6)			
	Net increase (or decrease) in contract loans and premium notes			
15.		2,017,490	[(193,000)	4,004,735
10	Cash from Financing and Miscellaneous Sources			
	Cash provided (applied):			
	16.1 Surplus notes, capital notes			
	16.2 Capital and paid in surplus, less treasury stock			
	16.3 Borrowed funds			
	16.4 Net deposits on deposit-type contracts and other insurance liabilities			
	16.5 Dividends to stockholders			
	16.6 Other cash provided (applied)	. (267,232)	(15,950)	83,328
	Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5			
	plus Line 16.6)	(267,232)	[(15,950)	83,328
	ECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and			
	17)	25,145,958	14,879,351	27,411,595
19.	Cash, cash equivalents and short-term investments:			
	40.4 D : :	137 518 102	110.106.507	110,106,507
	<ul><li>19.1 Beginning of year</li><li>19.2 End of period (Line 18 plus Line 19.1)</li></ul>			

20.0001			
	20.0001		 

### **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION**

		1	Comprehensive (H	lospital & Medical)	4	5	6	7	8	9	10
			2	3				Federal			
		<b>T</b> ( )		0	Medicare	Vision	Dental	Employees Health	Title XVIII	Title XIX	011
		Total	Individual	Group	Supplement	Only	Only	Benefit Plan	Medicare	Medicaid	Other
Total	Members at end of:										
1.	Prior Year	296,655							553	296,102	
2.	First Quarter	314,786	9						1,362	308,762	4,653
3.	Second Quarter	372,745	14						1,823	363,851	7,057
4.	Third Quarter										
5.	Current Year										
6.	Current Year Member Months	1,969,369	61						8,508	1,931,008	29,792
Total	Member Ambulatory Encounters for Period:										
7.	Physician	1,677,772	2						13,606	1,664,164	
8.	Non-Physician	1,509,434							14,002	1,495,432	
9.	Total	3,187,206	2						27,608	3,159,596	
10.	Hospital Patient Days Incurred	62,225							862	61,363	
11.	Number of Inpatient Admissions	17,840							167	17,673	
12.	Health Premiums Written (a)	601,344,345	28,815						8,691,200	584,960,764	7,663,566
13.	Life Premiums Direct										
14.	Property/Casualty Premiums Written										
15.	Health Premiums Earned	599,746,068	28,815						8,687,785	583,365,902	7,663,566
16.	Property/Casualty Premiums Earned										
17.	Amount Paid for Provision of Health Care Services	510,463,234	152						6,842,045	492,015,560	11,605,477
18.	Amount Incurred for Provision of Health Care										
	Services	533,623,814	24,493						8,616,201	513,377,053	11,606,067

<sup>(</sup>a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......8,691,200.

STATEMENT AS OF <b>June 30</b> , <b>2014</b> OF THE <b>Meridian Health Plan of Michigan, Inc. CLAIMS UNPAID AND INC</b>		WITHHOLD AN nalysis of Unpaid Cla		eported and Ui	nreported)	
1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 days	Over 120 Days	Total
Individually Listed Claims Unpaid						
MeridianRx Pharmacy Claims Payable	8,431,480	420,256			1,313,201	8,851,736 1,313,201
0199999 Individually Listed Claims Unpaid	8,431,480	420,256			1,313,201	10,164,937
0499999 Subtotals	8,431,480	420,256			1,313,201	10,164,937
0599999 Unreported claims and other claim reserves						125,375,524
0799999 Total Claims Unpaid						135,540,461
0899999 Accrued Medical Incentive Pool And Bonus Amounts						2,305,108

### **UNDERWRITING AND INVESTMENT EXHIBIT**

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

						5	6
				Liability			
		Cla	ims	End	End of		
		Paid Yea	r to Date	Current	Quarter		
		1	2	3	4		Estimated Claim
							Reserve and
		On	On	On	On		Claim
	Line	Claims Incurred	Claims Incurred	Claims Unpaid	Claims Incurred	Claims Incurred	Liability
	of	Prior to January 1	During the	Dec 31 of	During the	in Prior Years	Dec 31 of
	Business	of Current Year	Year	Prior Year	Year	(Columns 1+3)	Prior Year
1.	Comprehensive (hospital & medical)				24,341		
2.	Medicare Supplement						
3.	Dental only						
4.	Vision only						
5.	Federal Employees Health Benefits Plan						
6.	Title XVIII - Medicare						
7.	Title XIX - Medicaid						
8.	Other health		11,605,477		589		
9.	Health subtotal (Lines 1 to 8)						112,177,383
10.	Healthcare receivables (a)						
11.	Other non-health						
12.	Medical incentive pools and bonus amounts						
13.	Totals (Lines 9 - 10 + 11 + 12)	98,687,079	411,697,569	13,949,839	123,895,730	112,636,918	114,684,988

<sup>(</sup>a) Excludes \$.....0 loans or advances to providers not yet expensed.

### Note 1 – Summary of Significant Accounting Policies

Meridian Health Plan of Michigan, Inc. (the "Company") operates as a state-licensed health maintenance organization (HMO). Meridian Health Plan of Michigan, Inc. provides medical services to persons in sixty-seven Michigan counties who subscribe as recipients of state health benefits. In addition, the Company operates a Medicare Advantage Dual-Eligible Special Needs Plan, a Medicare Advantage Prescription Drug Plan and a Medicare Stand – alone Prescription Drug Plan.

#### A. Accounting Practices

The financial statements of Meridian Health Plan of Michigan, Inc. (the Company) are presented on the basis of accounting practices prescribed or permitted by the State of Michigan, Department of Insurance and Financial Services ("DIFS").

The DIFS recognizes only statutory accounting practices prescribed or permitted by the State of Michigan for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Michigan Insurance law. The Accounting Practices and Procedures Manual (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the state of Michigan.

Reconciliation of the Company's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the State of Michigan and shown below:

		State of Domicile	2014	2013
NET INCOME				
(1)	Meridian Health Plan of Michigan state basis	Michigan	\$ 2,994,125	\$ 5,694,856
(2)	State Prescribed Practices that increase/(decrease) NAIC SAP: None	Michigan		
(3)	State Permitted Practices that increase/(decrease) NAIC SAP: None	Michigan		
(4)	NAIC SAP (1-2-3=4)	Michigan	\$ 2,994,125	\$ 5,694,856
SURPLUS				
(5)	Meridian Health Plan of Michigan state basis	Michigan	\$ 91,478,870	\$ 88,623,500
(6)	State Prescribed Practices that increase/(descrease) NAIC SAP: None	Michigan		
(7)	State Permitted Practices that increase/(descrease) NAIC SAP: None	Michigan		
(8)	NAIC SAP (5-6-7=8)	Michigan	\$ 91,478,870	\$ 88,623,500

#### Note 2 - Accounting Changes and Corrections of Errors

This Note is not applicable to the Company.

#### Note 3 - Business Combinations and Goodwill

This Note is not applicable to the Company.

### **Note 4 - Discontinued Operations**

This Note is not applicable to the Company.

#### Note 5 - Investments

This Note is not applicable to the Company.

### Note 6 - Joint Ventures, Partnerships, and Limited Liability Companies

No change

#### Note 7 - Investment Income

This Note is not applicable to the Company.

#### Note 8 - Derivative Instruments

This Note is not applicable to the Company.

#### Note 9 - Income Taxes

No change

#### Note 10 - Information Concerning Parent, Subsidiaries, and Affiliates

No change

#### Note 11 - Debt

No change

## Note 12 - Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences, and Other Postretirement Benefit Plans

This Note is not applicable to the Company.

#### Note 13 - Capital and Surplus, Stockholders' Dividend Restrictions, and Quasi-Reorganizations

No change

#### Note 14 - Contingencies

This Note is not applicable to the Company.

#### Note 15 - Leases

This Note is not applicable to the Company.

## Note 16 - Information About Financial Instruments with Off-balance-sheet Risk and Financial Instruments with Concentrations of Credit Risk

This Note is not applicable to the Company.

#### Note 17 - Sale, Transfer, and Servicing of Financial Assets and Extinguishments of Liabilities

This Note is not applicable to the Company.

## Note 18 - Gain or Loss to the Reporting Entity from Uninsured A&H Plans and the Uninsured Portion of Partially Insured Plans

This Note is not applicable to the Company.

### Note 19 - Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

This Note is not applicable to the Company.

#### Note 20 - Fair Value Measurements

A. The following table presents information about the Company's assets and liabilities measured at fair value at June 30, 2014, and the valuation techniques used by the Company to determine those fair values.

In general, fair values determined by Level 1 inputs use quoted prices in active markets for identical assets or liabilities that the Company has the ability to access.

Fair values determined by Level 2 inputs use other inputs that are observable, either directly or indirectly. These Level 2 inputs include quoted prices for similar assets and liabilities in active markets, and other inputs such as interest rates and yield curves that are observable at commonly quoted intervals.

Level 3 inputs are unobservable inputs, including inputs that are available in situations where there is little, if any, market activity for the related asset or liability.

In instances where inputs used to measure fair value fall into different levels in the above fair value hierarchy, fair value measurements in their entirety are categorized based on the lowest level input

that is significant to the valuation. The Company's assessment of the significance of particular inputs to these fair value measurements requires judgment and considers factors specific to each asset or liability.

The fair value of bonds was determined primarily based on Level 2 inputs. The Company obtains the fair value of these investments based on values determined and provided by the investment custodians.

### (1) Fair Value Measurements at Reporting Date

Description		(Level 1)		(Level 2)		(Level 3)		Total	
a. Assets at fair Value									
Common Stock	\$	11,537,381	\$		\$	-	\$	11,537,381	
Total Common Stock	\$	11,537,381	\$	-	\$		\$	11,537,381	
Total Assets at Fair Value	<u>\$</u>	11,537,381	\$	-				11,537,381	
b. Total Liabilities at Fair Value									
Total Liabilities at Fair Value	\$		\$	-	\$	-	\$		

- (2) The Company has no Fair Value Measurements categorized within Level 3 of the fair value hierarchy.
- (3) The Company had no transfers between levels.
- (4) The Company has no Fair Value Measurements categorized within Level 2 and Level 3 of the fair value hierarchy.
- (5) The Company has no derivative assets and liabilities.
- C. Aggregate fair values of the financials instruments and applicable levels within the fair value hierarchy.

						Not Practicable
Type of Financial	Aggregate Fair					(Carrying
Instruments	Value	<b>Admitted Assets</b>	Level 1	Level 2	Level 3	Value)
Bonds	50,134,064	49,446,489	-	50,134,064	-	-
Common Stock	11,537,381	11,537,381	11,537,381	-	-	-
Short-term investments	28,281,540	28,281,540	28,281,540		_	
	89,952,985	89,265,410	39,818,921	50,134,064	-	-

D. Not applicable.

#### Note 21 - Other Items

No Change

### Note 22 - Events Subsequent

This Note is not applicable to the Company.

### Note 23 - Reinsurance

No change

### Note 24 - Retrospectively Rated Contracts and Contracts Subject to Redetermination

This Note is not applicable to the Company.

#### Note 25 - Change in Incurred Claims and Claim Adjustment Expenses

Reserves as of December 31, 2013 were approximately \$114.7 million. As of June 30, 2014, approximately \$98.7 million has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now approximately \$13.9 million. Reserves for incurred claims and claim adjustment expense attributable to insured events of prior years has decreased by approximately \$2.1 million primarily due to the re-estimation of unpaid claims and claim adjustment expenses. This change is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased as additional information becomes known regarding individual claims.

### **Note 26 - Intercompany Pooling Arrangements**

This Note is not applicable to the Company.

#### **Note 27 - Structured Settlements**

This Note is not applicable to the Company.

#### Note 28 - Health Care Receivables

No change

### **Note 29 - Participating Policies**

This Note is not applicable to the Company.

#### **Note 30 - Premium Deficiency Reserves**

No change

### Note 31 - Anticipated Salvage and Subrogation

This Note is not applicable to the Company.

### **GENERAL INTERROGATORIES**

# PART 1 - COMMON INTERROGATORIES GENERAL

	Domicile, as requir	ntity experience any material trans ed by the Model Act? ort been filed with the domiciliary si		Disclosure of M	aterial Transactio	ons with the State	e of	Y	Yes[ ] No[X] 'es[ ] No[ ] N/A[X]
	Has any change be reporting entity? If yes, date of chan	een made during the year of this st	atement in the charter, by-la	ws, articles of inc	corporation, or de	eed of settlemen	t of the		Yes[] No[X]
3.1 3.2 3.3	Is the reporting ent an insurer? If yes, complete 9 Have there been If the response to 3	ity a member of an Insurance Hold Schedule Y, Parts 1 and 1A. any substantial changes in the org 3.2 is yes, provide a brief description	anizational chart since the pron of those changes:	ior quarter end?	·	ons, one or mor	e of which is	•••	Yes[X] No[] Yes[] No[X]
4.2	If yes, provide the i	entity been a party to a merger or on name of entity, NAIC Company Co of the merger or consolidation.	de, and state of domicile (us	e two letter state	e abbreviation) fo	r any entity that	has ceased		Yes[] No[X]
		1 Name of I	Entity	NAIC Co	2 ompany Code	State	3 of Domicile		
	If the reporting enti or similar agreeme If yes, attach an ex	ty is subject to a management agr nt, have there been any significant planation.	eement, including third-party changes regarding the term	administrator(s) s of the agreeme	, managing gene ent or principals i	ral agent(s), attonvolved?	rney-in-fact,	······	'es[] No[X] N/A[]
6.2 6.3	State the as of date date should be the State as of what date	ate the latest financial examination to that the latest financial examination date of the examined balance she ate the latest financial examination this is the release date or compliance.	on report became available f et and not the date the repor report became available to c	rom either the si t was completed other states or th	tate of domicile o I or released. e public from eith	ner the state of d	omicile or		12/31/2011 12/31/2011 10/01/2012
6.5	By what departmer State of Michigan Have all financial st filed with Departme	DIFS atement adjustments within the lat				equent financial	statement	Y	/es[] No[] N/A[X] /es[X] No[] N/A[]
		entity had any Certificates of Authovernmental entity during the report rmation		(including corpo	orate registration,	if applicable) su	spended or		Yes[] No[X]
8.2 8.3 8.4	If response to 8.1 is ls the company affi If response to 8.3 is regulatory services	ubsidiary of a bank holding compasyes, please identify the name of liated with one or more banks, thrisyes, please provide below the natagency [i.e. the Federal Reservetion (FDIC) and the Securities Exc	the bank holding company. fts or securities firms? Imes and location (city and s Board (FRB), the Office of th	tate of the main e Comptroller of	office) of any affi	CC), the Federa	l Deposit		Yes[] No[X] Yes[] No[X]
		1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC		
				. Yes[] No[X]	. Yes[] No[X]	. Yes[] No[X]	. Yes[] No[X]	]	
9.1	similar functions) o (a) Honest and et relationships;	ers (principal executive officer, print f the reporting entity subject to a c hical conduct, including the ethical rate, timely and understandable di	ode of ethics, which includes handling of actual or appare	the following stant conflicts of in	andards? terest between p	ersonal and prof	ū		Yes[X] No[ ]
9.2 9.21 9.3	(c) Compliance w (d) The prompt in (e) Accountability 1 If the response to Has the code of e 1 If the response to Have any provisic	ith applicable governmental laws, ternal reporting of violations to an after adherence to the code.  9.1 is No, please explain: thics for senior managers been an 9.2 is Yes, provide information relons of the code of ethics been wait 9.3 is Yes, provide the nature of a	rules and regulations; appropriate person or person nended? ated to amendment(s). red for any of the specified of	s identified in th		and golden,			Yes[] No[X] Yes[] No[X]
10.1 10.2	1 Does the reporting 2 If yes, indicate an	g entity report any amounts due fr y amounts receivable from parent	om parent, subsidiaries or aff	ANCIAL iliates on Page 2 nt:	2 of this statemer	nt?		\$	Yes[ ] No[X] 0
	use by another pe	tocks, bonds, or other assets of the erson? (Exclude securities under s d complete information relating the	e reporting entity loaned, pla ecurities lending agreements	STMENT ced under optior	n agreement, or c	otherwise made a	available for		Yes[] No[X]
12.	Amount of real es	tate and mortgages held in other i	nvested assets in Schedule E	BA:					0
13.	Amount of real es	tate and mortgages held in short-t	erm investments:					\$	0

### **GENERAL INTERROGATORIES (Continued)**

#### INVESTMENT

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates?

14.2 If yes, please complete the following:

Yes[] No[X]

		1	2
		Prior Year-End	Current Quarter
		Book/Adjusted	Book/Adjusted
		Carrying Value	Carrying Value
14.21	Bonds		
14.22	Preferred Stock		
14.23	Common Stock		
14.24	Short-Term Investments		
14.25	Mortgages Loans on Real Estate		
14.26	All Other		
14.27	Total Investment in Parent, Subsidiaries and Affiliates (Subtotal		
	Lines 14.21 to 14.26)		
14.28	Total Investment in Parent included in Lines 14.21 to 14.26		
	above		

		above			
		entered into any hedging transactions reported on Schedule DB? sive description of the hedging program been made available to with this statement.			Yes[ ] No[X] Yes[ ] No[ ] N/A[X]
16.	<ul><li>16.1 Total fair value of re</li><li>16.2 Total book/adjusted</li></ul>	ecurity lending program, state the amount of the following as of t invested collateral assets reported on Schedule DL, Parts 1 and carrying value of reinvested collateral assets reported on Sched curities lending reported on the liability page	12		\$. \$. \$.
47	Freely-discustance in Oak and	In E. Bout O. Consciel Deposits and a state accordance leaves an	al to constant and a last of the standard for the standar	a e ec.	

17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?
17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian Address
Comerica Bank	500 Woodward Ave, Detroit, MI 48226

17.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1	2	3
Name(s)	Location(s)	Complete Explanation(s)

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter?
17.4 If yes, give full and complete information relating thereto:

Yes[] No[X]

Yes[X] No[]

1	2	3	4
		Date	
Old Custodian	New Custodian	of Change	Reason

17.5 Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1	2	3
Central Registration		
Depository	Name(s)	Address
134261		47 Maple St., Suite 304, Summit, NJ, 07901
114949		8777 N. Gainey Center Dr, Ste 200, Scottsdale, AZ 85258
19616	Wells Fargo Advisors	718 Notre Dame, Suite 200, Grosse Pointe, MI. 48230

18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed?

Yes[X] No[]

18.2 If no, list exceptions:

### **GENERAL INTERROGATORIES**

### PART 2 - HEALTH

- Operating Percentages:
   1.1 A&H loss percent
   1.2 A&H cost containment percent
   1.3 A&H expense percent excluding cost containment expenses 89.301% 0.339% 10.078%
- 2.1 Do you act as a custodian for health savings accounts?
  2.2 If yes, please provide the amount of custodial funds held as of the reporting date.
  2.3 Do you act as an administrator for health savings accounts?
  2.4 If yes, please provide the balance of the funds administered as of the reporting date. Yes[] No[X] \$ Yes[] No[X]

### **SCHEDULE S - CEDED REINSURANCE**

**Showing All New Reinsurance Treaties - Current Year to Date** 

		<u> </u>						
1	2	3	4	5	6	7	8	9
NAIC					Type of		Certified	Effective Date
Company	ID	Effective		Domiciliary	Reinsurance	Type of	Reinsurer Rating	of Certified
Code	Number	Date	Name of Reinsurer	Jurisdiction	Ceded	Reinsurer	(1 through 6)	Reinsurer Rating
Accident and Health - Non-aff	liates							
11835	04-1590940	07/01/2013	PARTNERRE AMER INS CO	DE		Authorized		
	98-0636926	01/01/2014	SAXON RE LTD	MI	SSL/A/I	Authorized		

### SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

**Current Year to Date - Allocated by States and Territories** 

	<u>'</u>	Current	Tear to	Date - Allo	ocated by	States and				
						Direct Busi				
		1	2	3	4	5	6	7	8	9
						Federal	Life and Annuity			
			Accident and			Employees Health	Premiums	Property/	Total	
	0 5.	Active	Health	Medicare	Medicaid	Benefits Program	and Other	Casualty	Columns	Deposit-Type
	State, Etc.	Status	Premiums	Title XVIII	Title XIX	Premiums	Considerations	Premiums	2 Through 7	Contracts
1.	Alabama (AL)									
2.	Alaska (AK)									
3.	Arizona (AZ)									
4.	Arkansas (AR)									
5.	California (CA)	N								
6.	Colorado (CO)									
7.	Connecticut (CT)	. N								
8.	Delaware (DE)									
9.	District of Columbia (DC)	N								
10.	Florida (FL)	. N								
11.	Georgia (GA)	. N								
12.	Hawaii (HI)									
13.	Idaho (ID)	N								
14.	Illinois (IL)									
15.	Indiana (IN)								1,222,934	
16.	lowa (IA)	N								
17.	Kansas (KS)	N	4 040 4==						4 040 450	
18.	Kentucky (KY)	.	1,613,450							
19.	Louisiana (LA)									
20.	Maine (ME)	. N								
21.	Maryland (MD)	N								
22.	Massachusetts (MA)									
23.	Michigan (MI)									
24.	Minnesota (MN)									
25.	Mississippi (MS)	N								
26.	Missouri (MO)									
27.	Montana (MT)	N								
28.	Nebraska (NE)	N								
29.	Nevada (NV)									
30.	New Hampshire (NH)									
31.	New Jersey (NJ)	N								
32.	New Mexico (NM)									
33.	New York (NY)	N								
34.	North Carolina (NC)									
35.	North Dakota (ND)	N	0.570.000						0.570.000	
36.	Ohio (OH)								2,572,200	
37.	Oklahoma (OK)		l							
38.	Oregon (OR)									
39.	Pennsylvania (PA)									
40.	Rhode Island (RI)	N								
41.										
42.	South Dakota (SD)									
43.	Tennessee (TN)									
44.	Utah (UT)									
45.										
46.	Vermont (VT)									
47. 48.	Washington (WA)		l							
46.	West Virginia (WV)	IN								
50.	Wisconsin (WI)									
51.	Wyoming (WY)									
52.	American Samoa (AS)									
53.	Guam (GU)									
54.	Puerto Rico (PR)									
55.	U.S. Virgin Islands (VI)									
56.	Northern Mariana Islands (MP)									
57.	Canada (CAN)									
58.	Aggregate other alien (OT)									
59.	Subtotal		7,692,381						. 601,344,345	
60.	Reporting entity contributions for	^ ^ ^ .	1,002,001	0,001,200	. 507,500,704				. 001,044,040	
00.	Employee Benefit Plans	X X X .								
61.	Total (Direct Business)		7,692,381						. 601,344,345	
	LS OF WRITE-INS	<sub>1</sub> (α <i>)</i>	1,002,001	1 0,001,200	1. 504,500,704	<u> </u>	I · · · · · · · · · · · · · · · · · · ·	[····	1. 001,044,040	
5801.	LS OF WRITE-INS	X X X .							I	
5802.		X X X .								
5803.		X X X .								
5898.	Summary of remaining write-ins for	^ ^ ^ .								
J030.	Line 58 from overflow page	x x x .								
5899.	TOTALS (Lines 5801 through 5803	^ ^ ^ .								
2099.	plus 5898) (Line 58 above)	V V V								
1	pius Jozoj (Lille 30 above)	X X X .		[			[			

<sup>(</sup>a) Insert the number of L responses except for Canada and Other Alien.

### SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

### MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

Caidan Enterprises, Inc. (MI; Federal Employer Identification # 52-2422207)

Organization Governance and Ownership Structure:

Equity Shareholders Board of Directors

Shareholders at June 30, 2014:

D. Cotton, MD 32.4% S. Cotton 31.6%

J. Cotton10.0% - Non Voting StockS.P. Cotton10.0% - Non Voting StockM. Cotton10.0% - Non Voting Stock

T. Lauzon 6.0%

Caidan Management Company, LLC (MI; Federal Employer Identification # 26-4004494)

Organization Governance and Ownership Structure:

Equity Shareholders Board of Directors

Shareholders at June 30, 2014:

Caidan Enterprises, Inc. 100%

Meridian Rx, LLC (MI; Federal Employer Identification # 27-1339224)

Organization Governance and Ownership Structure:

Equity Shareholders Board of Directors

Shareholders at June 30, 2014:

Caidan Enterprises, Inc. 100%

Health Management, Inc. (MI; Federal Employer Identification # 38-3360283)

(common ownership with Caidan Enterprises, Inc. majority shareholder)

Organization Governance and Ownership Structure:

**Equity Shareholders** 

Shareholders at June 30, 2014:

D. Cotton, MD 100%

Caidan Holding Company, Inc. (MI; Federal Employer Identification # 26-4004578)

Organization Governance and Ownership Structure:

**Equity Shareholders** 

**Board of Directors** 

Shareholders at June 30, 2014:

Caidan Enterprises, Inc. 100%

Meridian Health Plan of Michigan, Inc. (MI; NAIC # 52563; Federal Employer Identification # 38-3253977)

Organization Governance and Ownership Structure:

Equity Shareholders Board of Directors

Shareholders at June 30, 2014:

Caidan Holding Company, Inc. 100%

Meridian Health Plan of Illinois, Inc. (IL; NAIC # 13189; Federal Employer Identification # 20-3209671)

Organization Governance and Ownership Structure:

Equity Shareholders Board of Directors

Shareholders at June 30, 2014:

Caidan Holding Company, Inc. 100%

Meridian Health Plan of Iowa, Inc. (IA; NAIC # 14145; Federal Employer Identification # 45-1749180)

Organization Governance and Ownership Structure:

Equity Shareholders Board of Directors

Shareholders at June 30, 2014:

Caidan Holding Company, Inc. 100%

Granite Care - Meridian Health Plan of New Hampshire, Inc. (NH; NAIC # 14228; Federal Employer Identification # 36-4717033)

Organization Governance and Ownership Structure:

Equity Shareholders
Board of Directors

Shareholders at June 30, 2014:

Caidan Holding Company, Inc.

100%

# SCHEDULE Y PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
						Name of				Directly	Type of Control			
						Securities	Names of		Relation-	Controlled	(Ownership,	If Control		
		NAIC				Exchange	Parent,	Domic-	ship to	by	Board,	is	Ultimate	
		Comp-	Federal			if Publicly	Subsidiaries	iliary	Report-	(Name of	Management,	Ownership	Controlling	
Group		any	ID	FEDERAL		Traded (U.S.	Or	Loca-	ing	Entity /	Attorney-in-Fact,	Provide	Entity(ies)	
Code	Group Name	Code	Number	RSSD	CIK	or International)	Affiliates	tion	Entity	Person)	Influence, Other)	Percentage	/ Person(s)	*
		00000	52-2422207				Caidan Enterprises, Inc	М	UIP	David B. Cotton	Ownership, Board of Directors	32.4	David R. Cotton	
		00000 2	26-4004578				Caidan Holding Company,		011	Bavia B. Collon	CWINDIGHT, Double of Birocolor	02.1	Bavia B. Collon	
							Inc	MI .	UDP .	Caidan Enterprises, Inc	Ownership	100.0	David B. Cotton	
		0000 2	26-4004494				Caidan Management							
			20.222222				Company, LLC	MI.	NIA	Caidan Enterprises, Inc	Ownership	100.0	David B. Cotton	
			38-3360283 27-1339224				Health Management, Inc MeridianRx, LLC	MI .		Caidan Enterprises, Inc	Ownership Ownership	100.0	David B. Cotton	
4640			27-1339224 20-3209671				Meridian Health Plan of	IVII .	NIA	Caldan Enterprises, inc	Ownership	100.0	David B. Collon	
1010		10100	20 0200071				Illinois, Inc	l IL	l IA	Caidan Holding Company, Inc.	Ownership	100.0	David B. Cotton	
4640		14145	15-1749180				Meridian Health Plan of Iowa,							
							Inc	IA	NIA	Caidan Holding Company, Inc .	Ownership	100.0	David B. Cotton	
4640		14228	36-4717033				Granite Care - Meridian							
							Health Plan of New	NILI	14	Coidan Halding Company Inc	Ownership	100.0	David D. Catton	
		00000					Hampshire, Inc	. INH .	IA		Ownership	100.0	David B. Collon	
		00000							ו. ושטן					

Asterisk	Explanation
<b>2</b> 0000001	

### SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

RESPO	NSE

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

Yes

Explanations:

Bar Codes:

### **OVERFLOW PAGE FOR WRITE-INS**

### **ASSETS**

	Current Statement Date			4
	1	2	3	
			Net Admitted	December 31
		Nonadmitted	Assets	Prior Year Net
	Assets	Assets	(Cols. 1 - 2)	Admitted Assets
2504.				
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596)				

## **STATEMENT OF REVENUE AND EXPENSES (Continued)**

	1	2	3
			Prior Year
	Current Year	Prior Year	Ended
	To Date	To Date	December 31
4704.			
4797. Summary of remaining write-ins for Line 47 (Lines 4704 through 4796)			

# STATEMENT AS OF **June 30, 2014** OF THE **Meridian Health Plan of Michigan, Inc. SCHEDULE A - VERIFICATION**

Real Estate

		1	2
			Prior Year Ended
		Year To Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year		
2.	Cost of acquired		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition		
3.	Current year change in encumbrances		
4.	Total gain (loss) on disposals  Deduct amounts received on disposals  Total foreign exchange change in book/adjusted carrying va		
5.	Deduct amounts received on disposals		
6.	Total foreign exchange change in book/adjusted carrying va		
7.	Deduct current year's other than temporary impairment recognized		
8.	Deduct current year's depreciation		
9.	Book/adjusted carrying value at the end of current period (Lines 1 + 2 + 3 + 4 - 5 + 6 - 7 - 8)		
10.	Deduct total nonadmitted amounts		
11.	Statement value at end of current period (Line 9 minus Line 10)		

### **SCHEDULE B - VERIFICATION**

Mortgage Loans

	wortgage coans						
		1	2				
			Prior Year Ended				
		Year To Date	December 31				
1.	Book value/recorded investment excluding accrued interest, December 31 of prior year						
2.	Cost of acquired:						
	2.1 Actual cost at time of acquisition						
	2.2 Additional investment made after acquisition						
3.	Capitalized deferred interest and other						
4.	Accrual of discount						
5.	Unrealized valuation increase (decrease)						
6.	Total gain (loss) on disposals						
7.	Deduct amounts received on disposals						
8.	Deduct amounts received on disposals  Deduct amortization of premium and mortgage interest poin						
9.	Total foreign exchange change in book value/recorded inve						
10.	Deduct current year's other than temporary impairment recognized						
11.	Book value/recorded investment excluding accrued interest at end of current period (Lines 1 + 2 + 3 + 4 + 5 +						
	6 - 7 - 8 + 9 - 10)						
12.	Total valuation allowance						
13.	Subtotal (Line 11 plus Line 12)						
14.	Deduct total nonadmitted amounts						
15.	Statement value at end of current period (Line 13 minus Line 14)						
<del>.</del>	\	1					

### **SCHEDULE BA - VERIFICATION**

Other Long-Term Invested Assets

Other Long-Term invested Assets		
	1	2
		Prior Year Ended
	Year To Date	December 31
Book/adjusted carrying value, December 31 of prior year	1,631,754	1,710,427
Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
Capitalized deferred interest and other		
Accrual of discount		
Total gain (loss) on disposals		
Deduct amounts received on disposals	49,962	66,360
		1,365,850
Statement value at end of current period (Line 11 minus Line 12)		
	Book/adjusted carrying value, December 31 of prior year Cost of acquired: 2.1 Actual cost at time of acquisition 2.2 Additional investment made after acquisition Capitalized deferred interest and other Accrual of discount Unrealized valuation increase (decrease) Total gain (loss) on disposals Deduct amounts received on disposals Deduct amortization of premium and depreciation Total foreign exchange change in book/adjusted carrying value Deduct current year's other than temporary impairment recognized Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10) Deduct total nonadmitted amounts	Book/adjusted carrying value, December 31 of prior year

### **SCHEDULE D - VERIFICATION**

**Bonds and Stocks** 

		1	2
			Prior Year Ended
		Year To Date	December 31
1.	Book/adjusted carrying value of bonds and stocks, December 31 of prior year	63,322,922	66,886,027
2.	Cost of bonds and stocks acquired	11,672,222	40,533,933
3.	Accrual of discount	13,925	43,412
4.	Unrealized valuation increase (decrease)	(190,904)	1,514,557
5.	Total gain (loss) on disposals		
6.	Deduct consideration for bonds and stocks disposed of	13,735,023	45,085,544
7.	Deduct amortization of premium	379,463	870,396
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other than temporary impairment recognized		
10.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	60,983,870	63,322,922
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	60,983,870	63,322,922

### **SCHEDULE D - PART 1B**

# Showing the Acquisitions, Dispositions and Non-Trading Activity During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

	During the our	One waare	101 411 20114	<u> </u>	. ou olook by				
		1	2	3	4	5	6	7	8
		Book/Adjusted				Book/Adjusted	Book/Adjusted	Book/Adjusted	Book/Adjusted
		Carrying Value	Acquisitions	Dispositions	Non-Trading	Carrying Value	Carrying Value	Carrying Value	Carrying Value
		Beginning of	During Current	During Current	Activity During	End of	End of	End of	December 31
	NAIC Designation	Current Quarter	Quarter	Quarter	Current Quarter	First Quarter	Second Quarter	Third Quarter	Prior Year
BONDS	J		·		·	·		·	
1. NAIC 1	(a)	74,958,727	21,001,567	25,030,266	719,187	74,958,727	71,649,215		72,480,719
2. NAIC 2	(a)	2,533,286	5,635,816	1,000,000	(1,090,288)	2,533,286	6,078,814		4,681,153
	(a)								
	(a)								
5. NAIC 5	(a)								
6. NAIC 6	(a)								
7. Total Bo	onds	77,492,013	26,637,383	26,030,266	(371,101)	77,492,013	77,728,029		77,161,872
PREFERRED S	TOCK								
8. NAIC 1									
9. NAIC 2									
10. NAIC 3									
12. NAIC 5									
13. NAIC 6									
	referred Stock								
	onds & Preferred Stock				(371,101)	77,492,013	77,728,029		77,161,872
	10 1 1/1 1 ( 1) 1 (1)								

### **SCHEDULE DA - PART 1**

#### **Short - Term Investments**

	1	2	3	4	5
	Book/Adjusted				Paid for Accrued
	Carrying		Actual	Interest Collected	Interest
	Value	Par Value	Cost	Year To Date	Year To Date
9199999. Totals	28,281,540	X X X	28,519,869	211,423	96,064

### **SCHEDULE DA - Verification**

### **Short-Term Investments**

	0.10.11.10.11.11.10.11.10		
		1	2
			Prior Year Ended
		Year To Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year	24,148,391	18,433,332
2.	Cost of short-term investments acquired	37,649,480	75,621,771
3.	Accrual of discount		
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals		725
6.	Deduct consideration received on disposals		
7.	Deduct amortization of premium	333,166	410,884
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other than temporary impairment recognized		
10.	Book/adjusted carrying value at end of current period (Lines 1 + 2 +		
	3 + 4 + 5 - 6 - 7 + 8 - 9)	28,281,540	24,148,391
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	28,281,540	24,148,391

SI04 Schedule DB - Part A Verification	NONE
SI04 Schedule DB - Part B Verification	NONE
SI05 Schedule DB Part C Section 1	NONE
SI06 Schedule DB Part C Section 2	NONE
SI07 Schedule DB - Verification	NONE

### **SCHEDULE E - Verification**

(Cash Equivalents)

	· · · · · ·	1	2
			Prior Year Ended
		Year To Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year	1,279,591	
2.	Cost of cash equivalents acquired		1,481,429
3.	Accrual of discount		
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals		
6.	Deduct consideration received on disposals	1,275,000	200,000
7.	Deduct amortization of premium	4,591	1,838
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other than temporary impairment recognized		
10.	Book/adjusted carrying value at end of current period (Lines 1 + 2 +		
	3 + 4 + 5 - 6 - 7 + 8 - 9)		1,279,591
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)		1,279,591

E01 Schedule A Part 2	 	NONE
E01 Schedule A Part 3	 	NONE
E02 Schedule B Part 2	 	NONE
E02 Schedule B Part 3	 	NONE

### **SCHEDULE BA - PART 2**

Showing Other Long-Term Invested Assets ACQUIRED AND ADDITIONS MADE During the Current Quarter

	4	2	ing Other Long-Term		F	6	7	0	_	10		10	12
CUSIP Name or Vendor or NAIC Originally Type and at Time of Investment Made Amount of for Additional Percentag	1	2	Location		٥	0	/	0	9	10	11	12	13
			3	4	Name of		Date		Actual Cost	Additional		Commitment	
Identification Description City State General Partner Designation Acquired Strategy Acquisition After Acquisition Encumbrances Investment Ownersl	CUSIP	Name or			Vendor or	NAIC	Originally	Type and	at Time of	Investment Made	Amount of	for Additional	Percentage of
NONE	Identification	Description	City	State	General Partner	Designation	Acquired	Strategy	Acquisition	After Acquisition	Encumbrances	Investment	Ownership
469999 TOTALS XXX					NON	E							xxx

### **SCHEDULE BA - PART 3**

Showing Other Long-Term Invested Assets DISPOSED. Transferred or Repaid During the Current Quarter

			Onowing v	Julei Long-16	1 1 1 1 1 1 1 V	CSICU	733613	טוטו טנ	LD, IIa	ISICITED	oi ixep		g tille Ot	ALL CITE OC	iai tei				
1	2	Location		5	6	7	8		(	Change in Book/Ad	djusted Carrying V	/alue	_	15	16	17	18	19	20
		3	4					9	10	11	12	13	14						
							Book/Adjusted		Current Year's	Current Year's			Total	Book/Adjusted					
				Name of			Carrying	Unrealized	(Depreciation)	Other Than	Capitalized	Total	Foreign	Carrying Value		Foreign	Realized	Total	
				Purchaser	Date		Value Less	Valuation	or	Temporary	Deferred	Change in	Exchange	Less		Exchange	Gain	Gain	
CUSIP	Name or			or Nature of	Originally	Disposal	Encumbrances,	Increase	(Amortization)/	Impairment	Interest and	B./A.C.V.	Change in	Encumbrances		Gain (Loss)	(Loss) on	(Loss) on	Investment
Identification	Description	City	State	Disposal	Acquired	Date	Prior Year	(Decrease)	Accretion	Recognized	Other	(9 + 10 - 11 + 12)	B./A.C.V.	on Disposal	Consideration	on Disposal	Disposal	Disposal	Income
Joint Ven	ture - Real Estate - U	naffiliated																	
	Barrow Street Real Estate																		
	Fund III. LP	Stamford	CT		03/06/2006	06/30/2014	265,904							265,904	13,421				
1799999 Subto	tal - Joint Venture - Real Estate -	Unaffiliated					265,904							265,904	13,421				
Non-colla	teral Loans - Unaffili	ated																	
	Loan Receivable			Loan Payment	05/31/2012	05/31/2014	1,365,850							1,365,850	36,541				95,610
2799999 Subto	tal - Non-collateral Loans - Unaff	iliated					1,365,850							1,365,850	36,541				95,610
4499999 Total -	- Unaffiliated						1,631,754							1,631,754	49,962				95,610
4699999 TOTA	LS						1,631,754							1,631,754	49,962				95,610

### **SCHEDULE D - PART 3**

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

	Snow All Long-Term Bonds and Stock Acquired During the Current Quarter											
1	2	3	4	5	6	7	8	9	10			
								Paid for	NAIC			
								Accrued	Designation			
CUSIP				Name of	Number of			Interest and	or Market			
Identification	Description	Faraian	Date Acquired	Vendor	Shares of Stock	Actual Cost	Par Value	Dividends	Indicator (a)			
		Foreign	Date Acquired	vendor	Shares of Stock	Actual Cost	rai value	Dividends	indicator (a)			
Bonds - U.S. Gover	nments											
38378ND91	GNMA REMIC TRUST		05/22/2014	UBS	x x x	1.003.579	993.950	1.565	1			
831641EZ4	SMALL BUSINESS ADMIN GTD PTNCT		05/28/2014	UBS		401,963	381,517	3.542	1			
0599999 Subtotal - Bor	nds - U.S. Governments					1,405,542	1.375.466	5.107	X X X			
	, Territories and Possessions					,,,,,,,,,	,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
20772JTF9	CONNECTICUT ST		05/04/0044	UBS		317,169	275,000		100			
70914PWE8	PENNSYLVANIA ST		05/21/2014	IIIBG		324.528		30	1FE			
	nds - U.S. States, Territories and Possessions					641,697	=== 000					
	-			· · · · · · · · · · · · · · · · · · ·	^ ^ ^	041,097	555,000	39	^ ^ ^			
	al Subdivisions of States, Territories and Possessio											
	FORNEY TEX INDPT SCH DIST		06/25/2014	UBS		261,111	245,000		1FE			
2499999 Subtotal - Bor	nds - U.S. Political Subdivisions of States, Territories and Poss	essions			X X X	261,111	245,000		X X X			
Bonds - U.S. Specia	Revenue, Special Assessment											
29270CC37	ENERGY NORTHWEST WASH ELEC REV		05/30/2014	Exchange	X X X	70.130	65.000		1FE			
29270CC45	ENERGY NORTHWEST WASH ELEC REV		05/30/2014	Exchange		102,516	95,000		1FE			
29270CC86	ENERGY NORTHWEST WASH ELEC REV		05/30/2014	Exchange		140,259	130,000		1FE			
29270CC94	ENERGY NORTHWEST WASH ELEC REV		05/30/2014	Exchange		232,010	215,000		1FE			
3134G4CP1	FEDERAL HOME LN MTG CORP		06/13/2014	UBS		1,001,620	1,000,000		1			
3130A1S33	FEDERAL HOME LOAN BANKS		05/16/2014	UBS	X X X	1,000,000	1,000,000	660	1			
3130A1SY5	FEDERAL HOME LOAN BANKS		04/23/2014	UBS		500,000	500,000		1			
3136AH7E4	FNMA REMIC TRUST 2014-21			UBS		988,987	982,538	669	1			
647310S85 67755NET8	NEW MEXICO ST SEVERANCE TAXOHIO ST DEPT ADMINISTRATIVE SV		05/20/2014	UBS	X X X	318,230 313,163			1FE    1FE			
	nds - U.S. Special Revenue, Special Assessment			UB3	A A A	4.666.915	4.542.538	8.575				
	· · · · · · · · · · · · · · · · · · ·					,,.	,- ,	- ,				
	nds - Part 3					6,975,265	6,718,005	,	XXX			
8399999 Subtotal - Bor	•			 T	X X X	6,975,265	6,718,005	13,721	X X X			
Common Stocks - N												
47804M878	JOHN HANCOCK FDS II GLOBAL		06/19/2014	UBS		986,725	X X X		[ <u>-</u>			
56064B852				UBS		986,725	X X X		L			
	mmon Stocks - Mutual Funds					1,973,450	X X X		X X X			
9799997 Subtotal - Cor	mmon Stocks - Part 3					1,973,450	X X X		X X X			
9799999 Subtotal - Cor						1,973,450	X X X		X X X			
9899999 Subtotal - Pre	ferred and Common Stocks				X X X	1,973,450	X X X		X X X			
	, Preferred and Common Stocks					8,948,715	X X X	13.721	X X X			
201100	,					,,						

<sup>(</sup>a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues ...............0.

### SCHEDULE D - PART 4

### Show All Long-Term Bonds and Stocks Sold, Redeemed or Otherwise Disposed of

During	the	Current	Quarter
Duilliu	LIIG	Julielle	wualtei

								Duli	ng the C	unent	zuai iti										
1	2	3	4	5	6	7	8	9	10			ook/Adjusted Ca	rrving Value		16	17	18	19	20	21	22
	_	F	i i			· '	•	· ·		11	12	13	14	15		''					
		1 '								''	12	13	"	13							1
		0																			1
		r							Prior Year			Current Year's		Total	Book/				Bond Interest/		1 1
		l e							Book/	Unrealized		Other Than	Total	Foreign	Adjusted	Foreign			Stock	Stated	NAIC
		Li			Number				Adjusted	Valuation	Current Year's	Temporary	Change in	Exchange	Carrying Value	Exchange	Realized	Total	Dividends	Contractual	Designation
OLIOID		'	D: .				_		'		1					"					
CUSIP		g	Disposal	Name of	of Shares		Par	Actual	Carrying	Increase/	(Amortization)/	Impairment	B./A.C.V.	Change in	at Disposal	Gain (Loss)	Gain (Loss)	Gain (Loss)	Received	Maturity	or Market
Identification	Description	n	Date	Purchaser	of Stock	Consideration	Value	Cost	Value	(Decrease)	Accretion	Recognized	(11 + 12 - 13)	B./A.C.V.	Date	on Disposal	on Disposal	on Disposal	During Year	Date	Indicator (a)
Ronds - I	J.S. Governments																				
36296DJ82	GNMA PASS-THRU X SINGLE FAMILY .		00/40/0044	PRINCIPAL RECEIPT	V V V	1.710		4 700	1.809		(00)		(00)		4 740				38	40/45/0000	L L
36296DJ82 36296JCV5 .	GNMA PASS-THRU X SINGLE FAMILY .		06/16/2014	PRINCIPAL RECEIPT	XXX	3.840	3.840	1,793	1,809		(120)		(120)		3.840				70	10/15/2023 08/15/2039	11
36297FSV5	GNMA PASS-THRU X SINGLE FAMILY		06/16/2014		XXX	5.861	5.861	6.095	6.064		(203)		(203)		5,861				108	08/15/2024	11
38378ND91 .	GNMA REMIC TRUST		06/16/2014	PRINCIPAL RECEIPT	XXX	2,029	2,029	2,049			(20)		(20)		2,029				4	08/16/2039	[1
38373SW78 .	GNMA REMIC TRUST 2003-35		06/16/2014		XXX	5,648	5,648	5,705	5,705		(56)		(56)		5,648				94	03/16/2033	1
38374HUF5 .	GNMA REMIC TRUST 2004-67		06/16/2014		XXX	46,429	46,429	48,533	47,135		(706)		(706)		46,429				972	06/16/2028	<sub>[</sub> 1
38373MR51 . 38376KNS6 .	GNMA REMIC TRUST 2006-14		06/16/2014 06/23/2014		XXX	31,114	31,114				(1,240)		(374)		31,114				1.684	12/16/2042 03/20/2034	ı
38377JZM8 .	GNMA REMIC TRUST 2010-125			PRINCIPAL RECEIPT	XXX	9,953	9,953	10,272	10,198		(245)		(245)		9,953					04/20/2039	[1
38377JPQ0 .	GNMA REMIC TRUST 2010-98		06/23/2014	PRINCIPAL RECEIPT	XXX	6,197	6,197	6,975	6,746		(549)		(549)		6,197				108	09/20/2021	[1 ]
38375CWQ9	GNMA REMIC TRUST 2012-43		06/23/2014	PRINCIPAL RECEIPT	XXX	7,894	7,894	8,310	8,248		(353)		(353)		7,894				92	07/20/2039	1
0599999 Subto	otal - Bonds - U.S. Governments				XXX	206,296	206,296	216,854	208,215		(3,965)		(3,965)		206,296				3,871	XXX.	XXX.
Bonds - I	J.S. States. Territories and F	0056	essione																		-
	HAWAII ST			CALLED @ 100.0000000	xxx	250.000	250,000	254,123	253,865		(3,865)		(3,865)		250,000				6,250	05/01/2019	1FE
	otal - Bonds - U.S. States, Territories and Po			CALLED @ 100.0000000	XXX	250,000	250,000	254,123	253,865		(3,865)		( ' '		250,000						
	,	-		······································	1	250,000	250,000	254,123	253,865		(3,865)		(3,865)		250,000				6,250	XXX.	XXX.
Bonds - U	J.S. Political Subdivisions o	f Sta	tes, Teri	ritories and Possessi	ons																1
181059KC9 .	CLARK CNTY NEV SCH DIST FOR IS																				1
	LTG		05/07/2014	UBS	xxx	341,694	300,000	308,109	305,584		(221)		(221)		305,363		36,331	36,331	6,125	06/15/2021	1FE
438670QB0 .	HONOLULU HAWAII CITY & CNTY		05/13/2014		XXX	495,312	440,000	507,043	494,152		(5,546)		(5,546)		488,606		6,706	6,706	19,250		1FE
2499999 Subto	otal - Bonds - U.S. Political Subdivisions of S	tates, T	erritories and	Possessions	XXX	837,006	740,000	815,152	799,736		(5,767)		(5,767)		793,969		43,037	43,037	25,375	XXX.	XXX.
Dondo I	J.S. Special Revenue, Speci	οl Λ <i>α</i>		nt																	
		ai As	Sessine	iii.																	1
29270CMA0 .	ENERGY NORTHWEST WASH ELEC																				1
29270CMB8 .	REV		05/30/2014	Exchange	XXX	210,389	195,000	218,798	213,396		(3,008)		(3,008)		210,389				4,875	07/01/2023	1FE
29270CMB8 .	ENERGY NORTHWEST WASH ELEC		05/30/2014	Exchange	xxx	334,525	310,000				(4.057)		(4.057)		334 525					07/01/2024	I 1FF
3128PES33 .	FED HOME LN MTG		06/16/2014	PRINCIPAL RECEIPT	XXX	2,048	2.048	2,193	2,060		(11)		1		2,048					08/01/2016	1
3133XXWS2 .	FEDERAL HM LN BK CMO Y2-2015			PRINCIPAL RECEIPT	XXX	3,117	3,117	3,130	3,123		`(7)		(7)		3,117					04/20/2015	[1
31283KWN4 .	FEDERAL HOME LN MTG CORP POOL																				t. I
31335HVE0 .	#G1 FEDERAL HOME LOAN 90613 5% 1/2023			PRINCIPAL RECEIPT	XXX	4,463		4,516			(34)		27		4,463				87	04/01/2019 01/01/2023	
3133835F4	FEDERAL HOME LOAN BANKS			CALLED @ 100.0000000		1,000,000	1,000,000	977,500	984.893		4.332		4.332		989,226		10.774	10.774	6,250	05/28/2026	11
3136G0QD6 .	FEDERAL NATL MTG ASSN		04/09/2014	CALLED @ 100.0000000	XXX	1,000,000	1,000,000	998,500	1,000,000						1,000,000				11,250	07/09/2027	1
3136G1ES4 .	FEDERAL NATL MTG ASSN			CALLED @ 100.0000000	XXX	1,000,000	1,000,000	998,500	1,000,000						1,000,000				12,500	02/28/2028	[1
3136G1QY8 . 3136A9AZ1 .	FEDERAL NATL MTG ASSN FEDERAL NATL MTG ASSN GTD REMIC			CALLED @ 100.0000000 PRINCIPAL RECEIPT	XXX	1,000,000	1,000,000	1,000,000	1,000,000		(43)		(42)		1,000,000				22,500	08/07/2028 06/25/2042	[]
3136A9AZ1 .	FHLMC MULTICLASS PREASSIGN 4.5 .	1		PRINCIPAL RECEIPT	xxx	14.695	14.695		15.052		(43)		(43)		14.695				23	06/25/2042	11
31396EGF7 .	FHLMC MULTICLASS SER 3079 CL MD 5	5	06/16/2014	PRINCIPAL RECEIPT	XXX	15,264	15,264	16,008	15,395		(131)		(131)		15,264				296	03/15/2034	1
3128PNCH9 .	FHLMC PC GOLD 15 YR	1		PRINCIPAL RECEIPT	XXX	2,601	2,601	2,670	2,686		(85)		(85)		2,601				46	06/01/2024	[1
3128MCGH2	FHLMC PC GOLD COMB 15	1		PRINCIPAL RECEIPT	XXX	3,796	3,796	3,889			(98)		(98)		3,796				66	06/01/2024	[1 ·····-
3128MMKX0 3128KQD78	FHLMC PC GOLD COMB 15	1	06/16/2014 06/16/2014		XXX	2,221	2,221	2,279	2,290   952		(69)		(52)		2,221				10	05/01/2024 05/01/2037	[ <del> </del>
31297H4M8 .	FHLMC PC GOLD COMB 30	1:::	06/16/2014			6,793	6,793	6,933	6,948		(155)		(155)		6,793				141	02/01/2035	(il
31297VY69 .	FHLMC PC GOLD COMB 30	1	06/16/2014	PRINCIPAL RECEIPT	XXX	168		171			(5)		(5)						4	11/01/2035	[1
31394GU92 .	FHLMC REMIC SERIES 2666	1		PRINCIPAL RECEIPT	XXX	6,357	6,357	6,770	6,731		(374)		(374)		6,357				111	08/15/2023	<sub>[1</sub>
31394HUD1 . 31394XJ98	FHLMC REMIC SERIES 2668		06/16/2014	PRINCIPAL RECEIPT	XXX	8,028	8,028		8,088		(61)		(61)		8,028 21,990				156	03/15/2032 07/15/2032	[]
31394XJ96	FHLMC REMIC SERIES 2112	1		PRINCIPAL RECEIPT	XXX	1,973		22,034	1,994		(176)		(21)		1.973				37	10/15/2034	(† l
3137A8L89	FHLMC REMIC SERIES 3819	1	06/16/2014	PRINCIPAL RECEIPT	XXX	8,426	8,426	8,588	8,554		(128)		(128)		8,426				82	11/15/2018	(1l
3137AH4V7 .	FHLMC REMIC SERIES 3936	1		PRINCIPAL RECEIPT	XXX	16,522	16,522	16,481	16,485		37		37		16,522				97	03/15/2026	[1
3137AFWS7 . 3137APKC3 .	FHLMC REMIC SERIES 3944			PRINCIPAL RECEIPT	XXX	6,209 9,045	6,209 9,045	6,290 9,090	6,258 9,082		(49)		(49)		6,209 9,045					07/15/2022 02/15/2041	<u>  1   </u>
3137APKC3 . 3137AWB95 .	FHLMC REMIC SERIES 4030	1	06/16/2014 06/16/2014		XXX	9,045	9,045	9,090	9,082		(37)		(37)		8,436					11/15/2027	r‡ ······-
31371MBN6 .	FNMA 255745 5.5% 5/2025	1:::	06/26/2014			1.442	1,442	1.612	1.419				22		1.442					05/01/2025	H
31402BXE9 .	FNMA PASS-THRU INT 15 YEAR		06/26/2014	PRINCIPAL RECEIPT	XXX	1,332		1,370	1,355		(23)		(23)						26	08/01/2018	[1
31410FWM3 .	FNMA PASS-THRU INT 15 YEAR	1	06/26/2014		XXX	3,509	3,509	3,649	3,611		(102)		(102)		3,509				73	05/01/2021	[1
31414R7J8	FNMA PASS-THRU INT 15 YEAR		06/26/2014	PRINCIPAL RECEIPT	XXX			399			(16)		(16)							04/01/2023	<sub>[</sub> 1
31416RTG8 .	FNMA PASS-THRU INT 15 YEAR	1	00/20/2014	PRINCIPAL RECEIPT	XXX	4,577	4,577	4,582	4,582		(5)		(5)		4,577				//	06/01/2024	1

### **SCHEDULE D - PART 4**

### Show All Long-Term Bonds and Stocks Sold, Redeemed or Otherwise Disposed of

**During the Current Quarter** 

								Duli	ng the C	ullelit	xuai ici										
1	2	3	4	5	6	7	8	9	10		Change in Bo	ook/Adjusted Ca	rrying Value		16	17	18	19	20	21	22
		l F								11	12	13	14	15							1
		'									-										1
		"							D-1 V			0		T-4-1	DI-/				D		1
		1							Prior Year			Current Year's		Total	Book/				Bond Interest/		1
		е							Book/	Unrealized		Other Than	Total	Foreign	Adjusted	Foreign			Stock	Stated	NAIC
		i i			Number				Adjusted	Valuation	Current Year's	Temporary	Change in	Exchange	Carrying Value	Exchange	Realized	Total	Dividends	Contractual	Designation
CUSIP		g	Disposal	Name of	of Shares		Par	Actual	Carrying	Increase/	(Amortization)/	Impairment	B./A.C.V.	Change in	at Disposal	Gain (Loss)	Gain (Loss)	Gain (Loss)	Received	Maturity	or Market
Identification	Description	l n	Date	Purchaser	of Stock	Consideration	Value	Cost	Value	(Decrease)	Accretion	Recognized	(11 + 12 - 13)	B./A.C.V.	Date	on Disposal	on Disposal	on Disposal	During Year	Date	Indicator (a)
31417KQ59 .	FNMA PASS-THRU INT 15 YEAR		06/26/2014	PRINCIPAL RECEIPT	XXX	6.848	6.848	6.871	6.867	,	(19)		(19)		6.848				106	08/01/2024	1
31371LCD9 .	FNMA PASS-THRU LNG 30 YEAR		06/26/2014	PRINCIPAL RECEIPT	XXX	1,873	1,873	1,920	1,934		(61)		(61)		1,873					09/01/2033	1
31402CVZ2 .	FNMA PASS-THRU LNG 30 YEAR		06/26/2014		XXX	5,775	5,775	5,907	5,943		(168)		(168)		5,775				112	03/01/2034	1
31402DMP2 .	FNMA PASS-THRU LNG 30 YEAR		06/26/2014		XXX	2,674	2,674	2,716	2,731		(56)		(56)		2,674				51	09/01/2034	[1
31403C6L0 31403DDX4 .	FNMA PASS-THRU LNG 30 YEAR FNMA PASS-THRU LNG 30 YEAR		06/26/2014 06/26/2014			2,823		2,891			(83)		(83)							02/01/2036 04/01/2036	[]
31414PZM4 .	FNMA PASS-THRU LNG 30 YEAR		06/26/2014		:	1.580	1.580	1,655	1,712		(132)		(132)		1.580				37	03/01/2038	[
31416RFA6 .	FNMA PASS-THRU LNG 30 YEAR	1	06/26/2014	PRINCIPAL RECEIPT	.	2.063	2.063	2,073	2.078		(16)		(16)		2 063				38	01/01/2034	li
31371KSH5 .	FNMA POOL #254420 6% DUE 07-01-20	1	06/26/2014		xxx	2.036	2,036	2,097	2,091						2,036					07/01/2022	11
31371LHE2 .	FNMA POOL #255029 5% 12-01-2023 B		06/26/2014		XXX	3,394	3,394	3,404	3,404		(10)		(10)		3,394				68	12/01/2023	1
31371LR50	FNMA POOL #255308 3 5% 05-01-2014		05/25/2014		XXX	1,837	1,837	1,815	1,835		2		2		1,837				23	05/01/2014	1
31371NU45 .	FNMA POOL #257203 5% DUE 05-01-20		06/26/2014		XXX	1,789	1,789	1,779	1,777		12		12		1,789				36	05/01/2028	[1
31402RA41 . 31412QWA3 .	FNMA POOL #735427 4 5% 12-01-2018 FNMA POOL #932241 4% 12-01-2019 B		06/26/2014 06/26/2014		X X X	3,578		3,563			9		(02)		3,578				6/	12/01/2018 12/01/2019	[]
31394UUM2 .	FNMA REMIC TRUST 2005-101	1	06/26/2014			11.889	11,889	12,651	12,098		(209)		(209)		11.889				254	06/25/2034	[ 1
31394DED8 .	FNMA REMIC TRUST 2005-22	1	06/26/2014			12.874	12,874	13,397	13,028		(153)		(153)		12,874				268	10/25/2033	l i · · · · · · · · · ·
31396QZS1 .	FNMA REMIC TRUST 2009-70	1	06/26/2014		xxx	4,603	4,603	4,645	4,631		(28)		(28)		4,603					08/25/2019	1
31397QKB3 .	FNMA REMIC TRUST 2011-8		06/26/2014		XXX	4,256	4,256	4,628	4,485		(229)		(229)		4,256				66	12/25/2023	1
3136A4E88 .	FNMA REMIC TRUST 2012-17			PRINCIPAL RECEIPT	XXX	11,359	11,359	11,409	11,397		(38)		(38)		11,359				88	07/25/2039	[1
3136AH7E4 .	FNMA REMIC TRUST 2014-21		06/26/2014		XXX	34,848	34,848	35,076			(229)				34,848					04/25/2029	[1
442435AY9 . 64986ASP7 .	HOUSTON TEX UTIL SYS REV NEW YORK ST ENVIRONMENTAL FACS		05/15/2014 05/20/2014	CALLED @ 100.0000000	XXX	250,000	250,000 300,000	272,540	253,033		(3,033)		(3,033)		250,000		4,718	4.718	6,563 6,583	05/15/2022 06/15/2023	1FE
	otal - Bonds - U.S. Special Revenue, Special			UBS		5.413.090	5.336.388	5.431.015	5.037.359		(13.423)		(13.423)		5.397.598		15,492	15.492	74.494	XXX.	XXX.
		_				3,413,030	3,330,300	3,431,013			(13,423)		(13,423)		3,337,330		13,432	13,432	74,434	۸۸۸.	۸۸۸.
	ndustrial and Miscellaneous	sˌ(Un																			1
36966TEA6 .	GENERAL ELECTRIC CAPITAL CORP			CALLED @ 100.0000000	XXX	250,000	250,000	248,125	250,000						250,000				5,000	12/30/2026	1FE
59217EBW3 .	METROPOLITAN LIFE GLBL FDG144A .		06/10/2014	MATURITY	XXX	150,000	150,000	152,408	150,240		(240)		(240)		150,000				3,844	06/10/2014	1FE
3899999 Subto	otal - Bonds - Industrial and Miscellaneous (U	Unaffilia	ated)		XXX	400,000	400,000	400,533	400,240		(240)		(240)		400,000				8,844	XXX.	XXX.
8399997 Subto	otal - Bonds - Part 4				XXX	7,106,392	6,932,684	7,117,677	6,699,415		(27,260)		(27,260)		7,047,863		58,529	58,529	118,834	XXX.	XXX.
8399999 Subto	otal - Bonds				XXX	7,106,392	6,932,684	7,117,677	6,699,415		(27,260)		(27,260)		7,047,863		58,529	58,529	118,834	XXX.	XXX.
Common	Stocks - Industrial and Mise	cella	neous (l	Inaffiliated)																	
09251T509	BLACKROCK GLB ALLOCATION FD	1	06/16/2014		19.648.625	432.859	xxx	424.030	421.070	2,960			2.960		424.030		8.829	8.829		xxx.	L
32008F606	FIRST EAGLE FDS INC		06/16/2014		19,046.023	571.190		530.033	542.847	(12,814)			(12.814)		530.033		41.156	/1 156		XXX.	[
466001864	IVY FDS INC		06/16/2014		18.635.667	592.241	xxx	518.213	601,559	(83,346)			(83.346)		518.213		74.028	74.028		XXX .	1 i
94987W307 .	WELLS FARGO FDS TR		06/16/2014		32,513.742	377,159	XXX	361,919	322,534	(862)			(862)		361,919		15,240	15,240		XXX.	L
9099999 Subto	otal - Common Stocks - Industrial and Miscel	llaneou	s (Unaffiliated	i)	XXX	1,973,449	XXX	1,834,195	1,888,010	(94,062)			(94,062)		1,834,195		139,253	139,253		XXX.	XXX.
9799997 Subto	otal - Common Stocks - Part 4				XXX	1,973,449	XXX	1,834,195	1,888,010	(94,062)			(94,062)		1,834,195		139,253	139,253		XXX.	XXX.
9799999 Subto	otal - Common Stocks				XXX	1,973,449	XXX	1,834,195	1,888,010	(94,062)			(94,062)		1,834,195		139,253	139,253		XXX.	XXX.
9899999 Subto	otal - Preferred and Common Stocks				XXX	1,973,449	xxx	1,834,195	1,888,010	(94,062)			(94,062)		1.834.195		139,253	139,253		XXX.	XXX.
	- Bonds, Preferred and Common Stocks				XXX	9.079.841	XXX	8,951,872	8,587,425	(94,062)			(121,322)		8.882.058		197,782	197.782	118,834	XXX .	XXX.
3333333 TOTAL	- Donas, i feletteu alla Common Stocks				^^^	1	^ ^ ^	0,331,072	0,501,425	(34,002)	(21,200)		1 ( 12 1,322)		0,002,030		1 191,102	101,102	1	^^^ .	· · · · · · · · · · · · · · · · · · ·

<sup>(</sup>a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues .............0.

E06 Schedule DB Part A Section 1
E07 Schedule DB Part B Section 1NONE
E08 Schedule DB Part D Section 1NONE
E09 Schedule DB Part D Section 2 - Collateral Pledged By Reporting Entity NONE
E09 Schedule DB Part D Section 2 - Collateral Pledged To Reporting Entity NONE
E10 Schedule DL - Part 1 - Securities Lending Collateral Assets NONE
E11 Schedule DL - Part 2 - Securities Lending Collateral Assets NONE

# SCHEDULE E - PART 1 - CASH Month End Depository Balances

Mont	II LIIU D	epository b	alalices					
1	2	3	4	5	Book Bala	nce at End of E	ach Month	9
			Amount	Amount of	Dur	ing Current Qua	ırter	
			of Interest	Interest	6	7	8	
			Received	Accrued				
			During	at Current				
		Rate of	Current	Statement	First	Second	Third	
Depository	Code	Interest	Quarter	Date	Month	Month	Month	*
open depositories								
JP Morgan Chase, Detroit, MI Concentration Account General Account					. 131,448,887		. 134,292,996 89,524	
0199998 Deposits in0 depositories that do not exceed the								
allowable limit in any one depository (see Instructions) - open depositories .	XXX	X X X						XXX
0199999 Totals - Open Depositories	XXX	X X X	27,418		. 131,509,735	. 129,456,377	. 134,382,520	XXX
0299998 Deposits in0 depositories that do not exceed the								
allowable limit in any one depository (see Instructions) - suspended								
depositories	XXX	X X X						XXX
0299999 Totals - Suspended Depositories	XXX	X X X						XXX
0399999 Total Cash On Deposit	XXX	X X X	27,418		. 131,509,735	. 129,456,377	. 134,382,520	XXX
0499999 Cash in Company's Office	XXX	X X X	. X X X .	X X X				XXX
0599999 Total Cash	XXX	X X X	27,418		. 131,509,735	. 129,456,377	. 134,382,520	XXX
					•			

## SCHEDULE E - PART 2 - CASH EQUIVALENTS

3 Date Acquired	4 Rate of Interest	5 Maturity Date	6 Book/Adjusted Carrying Value	7 Amount of Interest Due & Accrued	8 Amount Received During Year
		1		Interest	
		1			
Acquired	Interest	Date	Carrying Value	Due & Accrued	During Year
NE					
	JNE	JNE	JNE	JNE	ONE



### MEDICARE PART D COVERAGE SUPPLEMENT

### **Net of Reinsurance**

NAIC Group Code: 4640 NAIC Company Code: 52563

		Individual	Coverage	Group C	Coverage	5
		1	2	3	4	Total
		Insured	Uninsured	Insured	Uninsured	Cash
1.	Premiums Collected	2,688,422	X X X		X X X	2,688,422
2.	Earned Premiums	2,682,505	X X X		X X X	X X X
3.	Claims Paid	6,606,808	X X X		X X X	6,606,808
4.	Claims Incurred	6,606,808	X X X		X X X	X X X
5.	Reinsurance Coverage and Low Income Cost Sharing - Claims					
	Paid Net of Reimbursements Applied (a)	X X X		X X X		
6.	Aggregate Policy Reserves - change		X X X		X X X	X X X
7.	Expenses Paid		X X X		X X X	
8.	Expenses Incurred		X X X		X X X	X X X
9.	Underwriting Gain or Loss				X X X	X X X
10.	Cash Flow Results	X X X	X X X	X X X	X X X	(3,918,386)

<sup>(</sup>a) Uninsured Receivable/Payable with CMS at End of Quarter: \$.............0 due from CMS or \$............0 due to CMS

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